

L01000018517

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 15 PM 5:05

DOCUMENT # L01000018517

1. Limited Liability Company's Name

SOUTHEASTERN INVESTMENTS, L.L.C.

2. Principal Office Address

970 HWY 98E

Suite, Apt. #, etc.

UNIT 404

City & State

DESTIN, FL

Zip

32541

Country

U.S.A.

3. Mailing Office Address

970 HWY 98E

Suite, Apt. #, etc.

UNIT 404

City & State

DESTIN, FL

Zip

32541

Country

U.S.A.

4. State/Country of Formation

FL U.S.A.

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

42-1545122

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARK A VIOLETTE P.A.

Street Address (P.O. Box Number is Not Acceptable)

125 MAIN ST.

Suite, Apt. #, Etc.

City

DESTIN

State
FL

Zip Code
32541

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Mark A. Violette

Date

10-14-03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROBERT K DARNELL	970 HWY.98E #404	DESTIN, FL 32541

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Robert K. Darnell

Date

10-15-03

Daytime Phone

850-6854525

Typed or printed name of signing Managing Member/Manager

ROBERT K. DARNELL

CFR2041 (10/02)